

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7801**

FILED APR 11 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>7 1/2 yrs</u>		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0-396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Handley Mem'</u>		e. STREET ADDRESS (If rural, give location) <u>1452 Prospect</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOTTIE</u> b. (Middle) <u>BEDELL</u> c. (Last) <u>BAILEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 6 55</u>	
5. SEX <u>7 3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-25-1883</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Willis Culp</u>		13b. MOTHER'S MAIDEN NAME <u>Kissie Arnold</u>	
14. NAME OF HUSBAND OR WIFE <u>Herschel Bailey</u>			
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Arletta Knox</u>		ADDRESS <u>1073 Sherman</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb</u> , 1955, to <u>Apr 6</u> , 1955, that I last saw the deceased alive on <u>Apr 6</u> , 1955, and that death occurred at <u>7:15 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Leman D. Brown M.D.</u>		23b. ADDRESS <u>307 1/2 College Springfield</u>	
23c. DATE SIGNED <u>4/7/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Mem'</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-8-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Y. Smith</u>		ADDRESS <u>602 N. Jefferson</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1955

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Herbert V Smith*.....

Licensed Embalmer No. *428*.....

P. O. Address *Spring*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.